



**TEWKSBURY DEPARTMENT OF PUBLIC WORKS
PHYSICAL ALTERATION PERMIT APPLICATION**

Application No.:
Residential Fee: \$110.00
Commercial Fee: \$260.00

**This permit valid for one year from the date of approval
Pre-Construction drawings are required
Subject to the conditions listed below and/or attached**

**Final Inspection is mandatory; please call to schedule an
appointment once work has been completed**

978-640-4440 Ext. 230

APPLICANT: _____
(PERMITEE) PRINT NAME

APPLICANTS ADDRESS: _____

DAYTIME PHONE NUMBER: _____

IS APPLICANT OWNER: YES NO IF NO SPECIFY _____

TYPE OF APPLICATION: SINGLE FAMILY: ____ MULTI FAMILY ____ COMMERCIAL ____ ALL OTHERS ____

LOCATION OF WORK: _____
BE SPECIFIC - HIGHWAY, STATION, POLE NUMBER, HOUSE NUMBERS, ETC.

PURPOSE OF PERMIT: _____
ATTACH SEPARATE SHEET IF NECESSARY

CONTRACTOR: _____
Print Name

ADDRESS: _____ **PHONE NUMBER:** _____

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND I AM FAMILIAR WITH THE INFORMATION
SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I
BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR
SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE MASSACHUSETTS GENERAL LAWS.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW
Town Use Only

Proposed Driveway

APPROVED _____ DENIED _____ DATE: _____

Project Manager

CONDITIONS OF APPROVAL OR REASON FOR DENIAL:

Final Approval

Date

Project Manager